

PLAINFIELD SHOREWOOD AREA CHAMBER OF COMMERCE 2024 ANNUAL HARVEST 5K RUN/WALK & KIDZ MILER SPONSORSHIP CONTRACT

Your company is responsible for meeting the following deadlines to guarantee that you will receive the full benefit of your sponsorship:

DIAMOND PSACC Member - \$1,750 Non-Member - \$2,000 12 Available

- Provide camera ready artwork by Friday, August 2nd
 - Provide banner and deliver to Chamber by Friday, September 6th
 - Item for "swag bag" must be delivered to Chamber office by Friday, September 6th
 - Payment in full of sponsorship by Friday, August 2nd
 - Provide own tent (optional), table and chairs for booth space in the Vendor Area
- Will you be utilizing your Booth Space on Race Day YES _____ NO _____**

The Plainfield Shorewood Area Chamber of Commerce is responsible for the following items so that you receive the full benefit of your sponsorship:

- Submit camera ready artwork by Friday, August 2nd, to the printer for all paper & online advertising
- Include logo on Harvest Hoodie
- Include logo / link on official Harvest website: www.plainfieldharvest5k.com
- Include logo on Yard Signs (2) on 5K Course
- Company provided banner **3x5** by Sunday, September 29th 2024 at Race Venue (**oversized banners not accepted!**)
- Provide four (4) Harvest Hoodies (**May PICK UP day of the race after Registration closes**)
- 1 ticket set aside for the Annual 5k Give Back luncheon in November

I agree to meet the above deadlines as specified. Failure to meet the deadlines may result in not receiving the full value of the sponsorship package. I am aware that this sponsorship is non-refundable. Mail check payable to PSACC with this signed contract to:

Plainfield Shorewood Area Chamber of Commerce

Attn: 5k/10k
24109 W. Lockport St.
Plainfield, IL 60544
Phone: 815/436-4431 Fax: 815/926-5315

Email: PSACC@PSACchamber.com
Website: www.PSACchamber.com



Company

Name: _____
(As you want it to appear on advertising materials)

Contact Name: _____ **Date:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Credit card _____ **Check** _____

Credit Card # _____ **Exp. Date:** _____ **Zip:** _____